

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	10/030562
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51	/	
2						52	/	
3						53	/	
4						54	/	
5						55	/	
6						56	/	
7						57	/	
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43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL		TOTAL		TOTAL		TOTAL		
IND.		IND.		IND.		IND.		
DEP.		DEP.		DEP.		DEP.		